

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724679

Entity Name: VILLAS DE GOLF ASSOCIATION INC**Current Principal Place of Business:**5901 SUN BLVD
SUITE 103
ST PETERSBURG, FL 33715**Current Mailing Address:**5901 SUN BLVD
SUITE 103
ST PETERSBURG, FL 33715 US**FEI Number:** 59-1430205**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RABIN PARKER, P.A.
28163 US HWY 19 N.
SUITE 207
CLEARWATER, FL 33761 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** BEN RABIN

03/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name WARD, KENT
Address 5901 SUN BLVD
SUITE 103
City-State-Zip: ST PETERSBURG FL 33715

Title DIRECTOR
Name KING, THOMAS
Address 5901 SUN BLVD
SUITE 103
City-State-Zip: ST PETERSBURG FL 33715

Title SECRETARY
Name MORIARITY, BERNADETTE
Address 5901 SUN BLVD
SUITE 103
City-State-Zip: ST PETERSBURG FL 33715

Title TREASURER
Name BOAK, BONNIE
Address 5901 SUN BLVD
SUITE 103
City-State-Zip: ST PETERSBURG FL 33715

Title DIRECTOR
Name EVANS, RONIE
Address 5901 SUN BLVD
SUITE 103
City-State-Zip: ST PETERSBURG FL 33715

Title DIRECTOR
Name DRASIN, GARY
Address 5901 SUN BLVD
SUITE 103
City-State-Zip: ST PETERSBURG FL 33715

Title PRESIDENT
Name SHAFER, ROBERT
Address 5901 SUN BLVD
SUITE 103
City-State-Zip: ST PETERSBURG FL 33715

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT SHAFER

PRESIDENT

03/30/2020

Electronic Signature of Signing Officer/Director Detail

Date